



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name D. H. Metals				Location 1002 Oswego ST				Date 3/18/87									
Facility Equipment 1	Detex Clock 1	Weapon No. —	Holster —	Nightstick —	Raincoat 1	Flashlight 1	Other 3 Keys, Log Book & Phone												
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) ofc Del Vecchio				Officer—Swing Shift (Name) R O'Leary				Officer—Grave Shift (Name) Dick Horkoski									
		Shift Began 8 AM PM Ended 4 AM PM				Shift Began 4 AM PM Ended 12 PM PM				Shift Began 12 AM PM Ended 8 AM PM									
Observations or actions taken		Yes	No	Explanation				Yes	No	Explanation									
Rounds or stations missed			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>										
Unlocked doors, gates or windows			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>										
Unlocked vaults or safes			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>										
Fire-smoke-or hazards			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>										
1. Extinguishers missing or defective			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>										
2. Sprinkler system defective			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>										
3. Fire doors or exits blocked			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>										
4. Rubbish accumulation			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>										
5. Motors running			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>										
6. Lights left burning			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	as needed		<input checked="" type="checkbox"/>								
Injury hazards			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>										
Visitors		<input checked="" type="checkbox"/>		Joe Rotella E.P.A.					<input checked="" type="checkbox"/>										
Trespassing			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>										
Violation of company rules			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>										
Remarks Time 2000 notified Grand and the Parkway AT about 1915 This Day. (R.O.)																			
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																			
1. Were you injured during this tour?		Day Shift 1. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		2. Yes No		3. Yes No		Swing Shift 1. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		2. Yes No		3. Yes No		Grave Shift 1. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		2. Yes No		3. Yes No	
2. Did you suffer any illness?		Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		Yes No		Yes No		Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		Yes No		Yes No		Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		Yes No		Yes No	
3. Have you reported all accidents coming to your attention?		Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		Yes No		Yes No		Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		Yes No		Yes No		Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		Yes No		Yes No	
Signatures		1. Kevin Del Vecchio		2. R O'Leary		3. Dick Horkoski		1. R O'Leary		2. Dick Horkoski		3. Dick Horkoski		1. Dick Horkoski		2. Dick Horkoski		3. Dick Horkoski	
Signatures		2. Dick Horkoski		3. Dick Horkoski		4. Dick Horkoski		1. Dick Horkoski		2. Dick Horkoski		3. Dick Horkoski		4. Dick Horkoski		1. Dick Horkoski		2. Dick Horkoski	
Signatures		3. Dick Horkoski		4. Dick Horkoski		5. Dick Horkoski		1. Dick Horkoski		2. Dick Horkoski		3. Dick Horkoski		4. Dick Horkoski		5. Dick Horkoski		1. Dick Horkoski	

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